

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/700033	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	8					
5	8					
6	7					
7	1					
8	/					
9	1					
10	2					
11	8					
12	8					
13	8					
14	8					
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TOTAL IND.	2					
TOTAL DEP.	15	↓	↓	↓		
TOTAL CLAIMS	17					

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TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS				